

**PRESENT:**

**Board:** Thomas Connolly, DMD; Joshua Green, ND; Nels Kloster, MD; John Matthew, MD; Elizabeth Newman, MD

**DVHA Staff:** Katie Collette, RN; Christine Ryan, RN; Scott Strenio, MD (facilitator)

**Guest:** No guest speaker attended the January 2021 CURB meeting.

**Absent:** Valerie Riss, MD; Michael Rapaport, MD

**HANDOUTS:**

- Agenda
- November 18, 2020 minutes
- CURB Annual Report
- CURB vision and workplan for 2021
- Dental services in surgical setting update PowerPoint

**CONVENE:** Dr. Scott Strenio convened the meeting at 6:45 p.m. Quorum was not obtained. Therefore, no official business was conducted.

**1.0 Introductions and Acknowledgments**

Roll call was completed and all Board members and DVHA staff introduced themselves. Additional invitee Rebecca Gale, Medicaid Policy Analyst for VT Medicaid fiscal agent, Gainwell, reintroduced herself.

**2.0 Review and Approval of Minutes**

Brief review of November 18, 2020 meeting minutes. Vote to be completed at a future meeting when quorum is obtained.

**3.0 Old Business**

*Update: State of Emergency – Christine Ryan*

The U.S. Department of Health and Human Services has extended the public health emergency (PHE) with the 90-day expiration effective April 20th, 2021. In Vermont, Governor Scott has extended the State of Emergency through February 15<sup>th</sup>, 2021. For DVHA this means continued extension of those measures put in place to help Vermonters access health care during the pandemic such as elimination of co-payments for certain services, extension of eligibility for members, and continued coverage of telephonic telemedicine at rates on par with telemedicine/face-to-face. Christine noted that the DVHA COVID-19 webpage (<https://dvha.vermont.gov/covid-19>) includes DVHA's detailed response to the COVID-19 pandemic. One change to this response effective January 1, 2021 is that prior authorizations (PA's) are no longer being extended. Prior to this date, PAs

were extended to allow more time to deliver those requested services that may have been delayed or impacted due to the PHE. After weighing clinical considerations such as duration of time since PA extension began and timeliness of care delivery, it was determined that PA extension would not continue into 2021.

*Discussion:*

One board member reported that in their place of practice, providers have noted less influenza/respiratory cases than in years past at least for this season to date. This board member attributed this to people staying home and less contact with others as well as wearing masks etc.

The Board members inquired about trends in DVHA budget that may be related to the pandemic. Dr. Strenio commented that while DVHA claims show decreased service for the year, there has been an increase in the Medicaid population related to both increase in membership and continued extension of member eligibility through the pandemic. He noted that the increases in population have been comparatively balanced by the drop in utilization, therefore the DVHA budget was essentially neutral. The Medicaid Federal Medical Assistance Percentage (FMAP) match was also increased by 6.2% to provide state assistance for COVID-19 response. This increase in federal funding is expected to continue in alignment with the duration of the continued PHE.

One board member raised consideration of the possibility for rebound in service volumes related to care that members may have deferred for the last year such as elective surgeries, screenings, etc. Dr. Strenio commented that it is challenging to estimate the costs of catching up moving forward, but something that will be evaluated. Another Board member commented additionally at their place of primary care practice, there will be a need for childhood vaccination catch up and volumes have been down.

Another Board member asked about provider hardship related to the decreased volume of patient visits. Christine discussed the health care provider stabilization grant program for which there were two application rounds. DVHA has not received information regarding practices closing or not accepting new patients because of financial hardship.

Another Board member reported hearing of providers retiring early amidst the pandemic and cited the potential shortage that this could lead to for primary care and specialist services. The member voiced that it should be a priority to keep primary care providers afloat in order to keep healthcare costs down. He cited this as a national issue but voiced that federal programs have helped tremendously. Lastly this board member reported increased visit volumes in their respective practice for 2021.

### *Legislative Update – Christine Ryan*

The 2021 Legislative session is underway. Christine reported that in response to the COVID-19 pandemic, this session will be meeting via Zoom. She noted that this means members of the public have the opportunity to access these meetings live. Christine reported that leadership for the Senate Committee on Health and Welfare and House Committee on Health Care remain the same. She reported that DVHA leadership has recently been testifying to the Legislature on topics including DVHA's response to COVID-19, the Vermont Medicaid Next Generation ACO Program, and health care reform.

Christine discussed of specific relevance to future CURB discussion and work is bill H.960 (Act 140). This bill requires significant work and response from DVHA to the Legislature in the development of a report that is due September 30, 2021. DVHA will be required to respond along with the ACO and all payers participating in the all-payer ACO model, to identify obstacles and opportunities for alignment in reduction of prior authorization requests in efforts to encourage increased attribution scale. This work will include review of codes that require PA, denial rates for those services that require PA, and areas of success identified in past alignment with the ACO and PA waiver.

### *Update: OR/Dental Project – Christine Ryan*

At the November 2020 CURB meeting an update was provided on work DVHA was participating in to evaluate access to dental care for patients that may be medically complex and require OR setting for that dental care. Dental care and access have been an ongoing concern in Vermont and has been brought up by several CURB members in the past. Units from DVHA including the Clinical Operations Unit and Member Provider Relations have been working to gather data, look at claims and utilization and collaborate with subject matter experts, CURB board members, and dentists from the Clinical Operations unit. Christine provided a review of the annual Medicaid Oral Surgery Survey. A PowerPoint that illustrated the highlights of the survey was reviewed for the Board including roster of oral surgeons in the state and status of scheduling and acceptance of new patients. Recommendations from the subject matter expert group related to these results included: development of a roster of general dentists with hospital privileges; addressing compensation related to provision of services; taking inventory of hospital capacity for services; developing a list of dental providers willing to provide these services to the adult Vermont Medicaid population; developing a plan for medical support for medically complex patients; and developing an ad hoc committee to work with DVHA on developing these plans. Next steps were reviewed including creation and operationalization of a formal reimbursement strategy for dental services for adult Vermont Medicaid patients that are medically complex.

One board member commented on the fact that a distinction needs to be drawn between oral surgery services and dental services. He described complexities related to obtaining privileges to provide restorative efforts in a hospital setting including patients requiring

mixed services, posing challenges in coordination of both an oral surgeon and a general dentist in this setting. Additionally, he noted that regarding hospital capacity to provide care, credentialing varies between facilities.

Another Board member reported that a local Federally Qualified Health Center is at the ready to work with DVHA on implementing such a process. Christine reviewed that DVHA recognizes formal requests to operationalize these efforts and aims to make these processes applicable to all requests and to move away addressing unique, episodic requests. DVHA has been moving toward stakeholder conversations as well as holding internal conversations at DVHA to work toward development of clinical recommendations, and budget. DVHA hopes to have a proposal ready by the summer months.

Another Board member also raised discussion related to funding for necessary equipment for the hospitals. He recommended outreaching private dentists to help with funding to equip hospitals and working on efforts to ensure satisfactory reimbursement.

Another Board member voiced support of identifying a specific roster of willing dentists from each region to aid in formulating these processes. He also noted the need to develop commitments on the part of the hospital community for medical support for medically complex patients.

#### **4.0 New Business**

##### *CURB Annual Report – Dr. Strenio*

Dr. Strenio reported to the CURB that the annual report was completed and sent to Legislature for review. He reviewed the report components including an executive summary, background, summary of activities and recommendations, evaluation of Clinical Utilization Review Board success, and list of Board membership. Included in the CURB 2020 annual report was discussion related to transition of the meetings to a remote format, and changes to clinical prior authorization requirements. DVHA commissioner and the Secretary of the Agency have approved the report. No feedback has been received from the Legislature yet.

##### *Future Considerations 2021 – Dr. Strenio*

Dr. Strenio discussed that in lieu of the transitions of DVHA related to healthcare reform and creation of the Vermont Medicaid Next Generation ACO program, there is impetus to reevaluation the vision for the board going forward. The CURB was created to help manage utilization of services e.g., prior authorization. With transition to the ACO program, prior authorization requirement has gone away for many services. Dr. Strenio commented that PA is no longer the currency of the health plan and we are transitioning to value-based care as currency. The proposition upon which the ACO is based is, are we getting better outcomes in provided care?

Considering this, DVHA would like to engage the CURB in this new direction and present some of these value-based options and models to get feedback and recommendations that can be brought back to senior leadership at DVHA.

One Board member noted that he found the Blueprint reports that were provided historically to practices regarding performance within the office population (e.g., severity of illness of the patient population) useful. He recommended looking at data for specific metrics e.g., blood pressure data, diabetes data, etc.

Dr. Strenio discussed the reboot of the ACO program in response to notice from CMS of failure to meet attribution targets. As a response to address efforts of ACO alignment and performance improvement, the Vermont Blueprint for Health (BP) as well as the Vermont Chronic Care Initiative (VCCI) programs will transition from the department level of DVHA to the Agency level of Agency of Human Services. The partnerships and skillsets of these groups, along with Vermont Information Technology Leaders (VITL) will be directed toward ACO alignment and performance improvement.

Christine discussed collaborative efforts between VDH, OneCare and DVHA on a performance improvement project related to hypertension. The opportunity for the joint effort was identified recognizing that hypertension is something that all groups need to be doing better.

Medicaid Policy Analyst for VT Medicaid from Gainwell noted that these efforts will be supported by the Promoting Interoperability Program, participation in which is a CMS requirement for all states. This program makes requisite, improvement to electronic exchange of health care data, streamlined processes related to prior authorization, and improved electronic exchange of health information among payers, providers and patients among other conditions.

Dr. Strenio outlined DVHA's priorities for a work plan for the Board in 2021. Dr. Strenio discussed that the aim will include for each meeting, there will be a main topic for discussion and consideration. DVHA staff will gather and disseminate relevant data for advance for the CURB members to review with intent of developing specific recommendations. For the next meeting in March, Dr. Strenio reported the primary meeting topic will be review of out-of-network data to include breakdown by type of service, location, specialty, originating VT provider/county. The May meeting will be focused on review of telehealth data, including type, frequency, county, population. The 4<sup>th</sup> meeting will look at relevant legislation focused on the legislative updates and impact summary. Meeting 5 will discuss alignment of ACO/DVHA quality and outcome measures- comparing and contrasting those results. The final meeting of the year will be focused on review of key elements for the CURB annual legislative report and exploration of direction for 2022.

One board member asked if value-based care is something different than the triple aims.

Dr. Strenio explained that is in the same vein but in the context of the ACO more beneficial to everyone involved. He noted that value-based care is aimed at tying payment to value-based care and outcomes.

Christine added that historically DVHA has brought specific asks to the CURB that were time sensitive and noted this will still occur. She added these changes to meeting format are an effort to structure the broader topics and categories and to separate out the more episodic asks. Dr. Strenio also discussed other considerations related to revamping the CURB work including increase in number of meetings per year.

Dr. Strenio noted that there are currently three vacancies on the CURB. He asked the board for recommendations for new members. The group was instructed meetings will remain remote via teleconference format for the foreseeable future.

### **Closing Comments – All**

One board member commented that Hubs have experienced having to absorb costs of Hepatitis C medications as currently prescriptions are patient centric. He noted allowance of a “standing order” format instead may decrease wasted doses and funding. He compared this to the process that is utilized for SUD maintenance drugs to store and dispense.

Dr. Strenio reported that DVHA is actively working on this with the Pharmacy Unit. He also reported work with the DOC to address transition protocols with assistance from VCCI nurses to help with people coming out of corrections. He also made note of work around a suicide prevention work group for high-risk individuals.

### **Next steps**

DVHA staff will follow up with members whose membership term is coming to an end in May. Each year as a requirement of DVHA advisory boards, members must fill out a conflict of interest (COI) form. Some members have completed and returned. DVHA staff reminded the Board members to please complete and return to meet this requirement.

### **Adjournment – CURB meeting adjourned at 8:36 PM**

### **Next Meeting**

**March 17<sup>th</sup>, 2021**

**Time: 6:30 PM – 8:30 PM**

**Location: Teams or update TBD**